



Foster Care Clothing Allowance

To be Completed by the Department of Human Services

Name of Foster Child

Date

- ☐ An initial clothing allowance of up to _____ is approved (\$237.50 maximum).
- ☐ A replacement clothing allowance of up to _____ is approved (maximum of \$190 for family foster care and \$100 for all other levels).

Signature of Social Work Supervisor

Date

To be Completed by the Foster Parents and Case Worker

No. of Items	Description of Clothing Purchased	Cost of Items
Total		\$
Tax		
Total Costs		\$

The above items have been purchased for _____. (Receipts are required and are to be attached to this form.)

Signature of Resource Parent

Date

Signature of Case Worker

Date

Claim must be submitted within 30 days of expenditure.